

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F92000000592					
1. Corporation Name Progressive Choice Insurance Company					
2. Principal Office Address - No P.O. Box # 6300 Wilson Mills Road Suite, Apt. #, etc.			3. Mailing Office Address 6300 Wilson Mills Road Suite, Apt. #, etc.		
City & State Mayfield Village, OH			City & State Mayfield Village, OH		
Zip 44143	Country USA	Zip 44143	Country USA	4. Date incorporated or Qualified To Do Business in Florida 12/8/1992	
				5. EIN Number 62-144484	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 with Board Fee (except for a Certificate of Status)	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent <i>Diana Stout</i>		Diana Stout, Asst. Secretary		Date 12-13-07	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D	Toby K. Alfred	300 N. Commons Blvd.		Mayfield Village, OH 44143	
D	Caroline M. Koran	300 N. Commons Blvd.		Mayfield Village, OH 44143	
D/T	Jeffrey E. Briglia	300 N. Commons Blvd.		Mayfield Village, OH 44143	
D/V	James R. Haas	300 N. Commons Blvd.		Mayfield Village, OH 44143	
D/P	Steven A. Broz	300 N. Commons Blvd.		Mayfield Village, OH 44143	
S	Michael R. Uth	6300 Wilson Mills Road		Mayfield Village, OH 44143	
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the reinstatement on this form do not constitute an exemption contained in chapter 118, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if it were my own.					
REINSTATEMENT					
SIGNATURE: <i>Karen A. Kosuda</i>		KAREN A. KOSUDA, Asst. Secy.		Date 12/12/07 440-395-3697	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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**PROGRESSIVE CHOICE INSURANCE COMPANY
FEIN # 62-1444848**

ATTACHMENT TO CORPORATION REINSTATEMENT FORM

9. Names and Street Addresses of Each Officer and/or Director *(Continued)*

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Asst. S	Karen A. Kosuda	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. T	Scott E. Coleman	6300 Wilson Mills Road	Mayfield Village, OH 44143
V	Marlann W. Marshall	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. V	Raymond S. Ling	6300 Wilson Mills Road	Mayfield Village, OH 44143

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
PROGRESSIVE CHOICE INSURANCE COMPANY

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